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APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
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09/890,029

07/24/2001

Gabor Bogye

21965

6045

535 7590 07/29/2008

K.F. ROSS P.C.

5683 RIVERDALE AVENUE

SUITE 203 BOX 900

BRONX, NY 10471-0900

EXAMINER

HUI, SAN MING R

ART UNIT

PAPER NUMBER

1617

MAIL DATE

DELIVERY MODE

07/29/2008

PAPER

**Please find below and/or attached an Office communication concerning this application or proceeding.**

The time period for reply, if any, is set in the attached communication.




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**Board of Patent Appeals and Interferences**

K.F. ROSS P.C.  
5683 RIVERDALE AVENUE  
SUITE 203 BOX 900  
BRONX, NY 10471-0900

Appeal No: 2008-1234  
Appellant: Gabor Bogye  
Application No: 09/890,029  
Hearing Room: A  
Hearing Docket: A  
Hearing Date: Tuesday, September 09, 2008  
Hearing Time: 09:00 AM  
Location: Madison Building - East Wing  
600 Dulany Street, 9th Floor  
Alexandria, Virginia 22313-1450

**NOTICE OF HEARING  
CONFIRMATION REQUIRED WITHIN TWENTY-ONE DAYS**

Your attention is directed to 37 CFR § 41.47. The above identified appeal will be heard by the Board of Patent Appeals and Interferences on the date indicated. Hearings will commence at the time set and as soon as the argument in one appeal is concluded, the succeeding appeal will be taken up. The time allowed for argument is twenty minutes unless additional time is requested and permitted before the argument is commenced. If there are any inquiries, please contact the Clerk of the Board at 571-272-9797.

CONFIRMATION OR WAIVER OF THE HEARING IS REQUIRED. This form must be completed below and facsimile transmitted to both: (1) the USPTO Central fax number (official copy), and (2) the Board of Patent Appeals and Interferences fax number (courtesy copy) within TWENTY-ONE (21) DAYS from the mailing date of this notice indicating confirmation or waiver of the hearing. A copy of this notice may be alternately filed by mail if facsimile is not available.

BPAI HEARINGS FAX No: (571) 273-0299

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In all communications relating to this appeal, please identify the appeal by its number.

**CHECK ONE:** ( ) HEARING ATTENDANCE CONFIRMED ( ) HEARING ATTENDANCE WAIVED

\_\_\_\_\_  
Signature of Attorney/Agent/Appellant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Registration No.

Names of other visitors expected to accompany counsel: \_\_\_\_\_

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